

111TH CONGRESS  
1ST SESSION

# H. R. 2599

To provide for the establishment of the Rural Health Quality Advisory Commission, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2009

Ms. HERSETH SANDLIN (for herself, Mr. WALDEN, and Mr. POMEROY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To provide for the establishment of the Rural Health Quality Advisory Commission, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Health Quality  
5 Advisory Commission Act of 2009”.

6 **SEC. 2. RURAL HEALTH QUALITY ADVISORY COMMISSION**  
7 **AND DEMONSTRATION PROJECTS.**

8 (a) RURAL HEALTH QUALITY ADVISORY COMMIS-  
9 SION.—

1           (1) ESTABLISHMENT.—Not later than 6  
2 months after the date of the enactment of this sec-  
3 tion, the Secretary of Health and Human Services  
4 (in this section referred to as the “Secretary”) shall  
5 establish a commission to be known as the Rural  
6 Health Quality Advisory Commission (in this section  
7 referred to as the “Commission”).

8           (2) DUTIES OF COMMISSION.—

9           (A) NATIONAL PLAN.—The Commission  
10 shall develop, coordinate, and facilitate imple-  
11 mentation of a national plan for rural health  
12 quality improvement. The national plan shall—

13                   (i) identify objectives for rural health  
14 quality improvement;

15                   (ii) identify strategies to eliminate  
16 known gaps in rural health system capacity  
17 and improve rural health quality; and

18                   (iii) provide for Federal programs to  
19 identify opportunities for strengthening  
20 and aligning policies and programs to im-  
21 prove rural health quality.

22           (B) DEMONSTRATION PROJECTS.—The  
23 Commission shall design demonstration projects  
24 to test alternative models for rural health qual-

1           ity improvement, including with respect to both  
2           personal and population health.

3           (C) MONITORING.—The Commission shall  
4           monitor progress toward the objectives identi-  
5           fied pursuant to paragraph (1)(A).

6           (3) MEMBERSHIP.—

7           (A) NUMBER.—The Commission shall be  
8           composed of 11 members appointed by the Sec-  
9           retary.

10          (B) SELECTION.—The Secretary shall se-  
11          lect the members of the Commission from  
12          among individuals with significant rural health  
13          care and health care quality expertise, including  
14          expertise in clinical health care, health care  
15          quality research, population or public health, or  
16          purchaser organizations.

17          (4) CONTRACTING AUTHORITY.—Subject to the  
18          availability of funds, the Commission may enter into  
19          contracts and make other arrangements, as may be  
20          necessary to carry out the duties described in para-  
21          graph (2).

22          (5) STAFF.—Upon the request of the Commis-  
23          sion, the Secretary may detail, on a reimbursable  
24          basis, any of the personnel of the Office of Rural  
25          Health Policy of the Health Resources and Services

1 Administration, the Agency for Health Care Quality  
2 and Research, or the Centers for Medicare & Med-  
3 icaid Services to the Commission to assist in car-  
4 rying out this subsection.

5 (6) REPORTS TO CONGRESS.—Not later than 1  
6 year after the establishment of the Commission, and  
7 annually thereafter, the Commission shall submit a  
8 report to the Congress on rural health quality. Each  
9 such report shall include the following:

10 (A) An inventory of relevant programs and  
11 recommendations for improved coordination and  
12 integration of policy and programs.

13 (B) An assessment of achievement of the  
14 objectives identified in the national plan devel-  
15 oped under paragraph (2) and recommenda-  
16 tions for realizing such objectives.

17 (C) Recommendations on Federal legisla-  
18 tion, regulations, or administrative policies to  
19 enhance rural health quality and outcomes.

20 (b) RURAL HEALTH QUALITY DEMONSTRATION  
21 PROJECTS.—

22 (1) IN GENERAL.—Not later than 270 days  
23 after the date of the enactment of this section, the  
24 Secretary, in consultation with the Rural Health  
25 Quality Advisory Commission, the Office of Rural

1 Health Policy of the Health Resources and Services  
2 Administration, the Agency for Healthcare Research  
3 and Quality, and the Centers for Medicare & Med-  
4 icaid Services, shall make grants to eligible entities  
5 for 5 demonstration projects to implement and  
6 evaluate methods for improving the quality of health  
7 care in rural communities. Each such demonstration  
8 project shall include—

9 (A) alternative community models that—

10 (i) will achieve greater integration of  
11 personal and population health services;  
12 and

13 (ii) address safety, effectiveness,  
14 patient- or community-centeredness, timeli-  
15 ness, efficiency, and equity (the six aims  
16 identified by the Institute of Medicine of  
17 the National Academies in its report enti-  
18 tled “Crossing the Quality Chasm: A New  
19 Health System for the 21st Century” re-  
20 leased on March 1, 2001);

21 (B) innovative approaches to the financing  
22 and delivery of health services to achieve rural  
23 health quality goals; and

24 (C) development of quality improvement  
25 support structures to assist rural health sys-

1           tems and professionals (such as workforce sup-  
2           port structures, quality monitoring and report-  
3           ing, clinical care protocols, and information  
4           technology applications).

5           (2) ELIGIBLE ENTITIES.—In this subsection,  
6           the term “eligible entity” means a consortium  
7           that—

8                   (A) shall include—

9                           (i) at least one health care provider or  
10                           health care delivery system located in a  
11                           rural area; and

12                           (ii) at least one organization rep-  
13                           resenting multiple community stakeholders;  
14                           and

15                   (B) may include other partners such as  
16           rural research centers.

17           (3) CONSULTATION.—In developing the pro-  
18           gram for awarding grants under this subsection, the  
19           Secretary shall consult with the Administrator of the  
20           Agency for Healthcare Research and Quality, rural  
21           health care providers, rural health care researchers,  
22           and private and non-profit groups (including na-  
23           tional associations) which are undertaking similar  
24           efforts.

1           (4) EXPEDITED WAIVERS.—The Secretary shall  
2 expedite the processing of any waiver that—

3           (A) is authorized under title XVIII or XIX  
4 of the Social Security Act (42 U.S.C. 1395 et  
5 seq.); and

6           (B) is necessary to carry out a demonstra-  
7 tion project under this subsection.

8           (5) DEMONSTRATION PROJECT SITES.—The  
9 Secretary shall ensure that the 5 demonstration  
10 projects funded under this subsection are conducted  
11 at a variety of sites representing the diversity of  
12 rural communities in the Nation.

13          (6) DURATION.—Each demonstration project  
14 under this subsection shall be for a period of 4  
15 years.

16          (7) INDEPENDENT EVALUATION.—The Sec-  
17 retary shall enter into an arrangement with an enti-  
18 ty that has experience working directly with rural  
19 health systems for the conduct of an independent  
20 evaluation of the program carried out under this  
21 subsection.

22          (8) REPORT.—Not later than one year after the  
23 conclusion of all of the demonstration projects fund-  
24 ed under this subsection, the Secretary shall submit

1 a report to the Congress on the results of such  
2 projects. The report shall include—

3 (A) an evaluation of patient access to care,  
4 patient outcomes, and an analysis of the cost  
5 effectiveness of each such project; and

6 (B) recommendations on Federal legisla-  
7 tion, regulations, or administrative policies to  
8 enhance rural health quality and outcomes.

9 (c) APPROPRIATION.—

10 (1) IN GENERAL.—Out of funds in the Treas-  
11 ury not otherwise appropriated, there are appro-  
12 priated to the Secretary to carry out this section  
13 \$30,000,000 for the period of fiscal years 2010  
14 through 2014.

15 (2) AVAILABILITY.—

16 (A) IN GENERAL.—Funds appropriated  
17 under paragraph (1) shall remain available for  
18 expenditure through fiscal year 2014.

19 (B) REPORT.—For purposes of carrying  
20 out subsection (b)(8), funds appropriated under  
21 paragraph (1) shall remain available for ex-  
22 penditure through fiscal year 2015.

23 (3) RESERVATION.—Of the amount appro-  
24 priated under paragraph (1), the Secretary shall re-  
25 serve—

1 (A) \$5,000,000 to carry out subsection (a);

2 and

3 (B) \$25,000,000 to carry out subsection

4 (b), of which—

5 (i) 2 percent shall be for the provision

6 of technical assistance to grant recipients;

7 and

8 (ii) 5 percent shall be for independent

9 evaluation under subsection (b)(7).

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